MHA is working with Northeastern University's Roux Institute on a project to look at our "clogged system" of care. The goal of the project to quantify and qualify what is occurring when people cannot access the correct level of care in an appropriate time frame. This will look at patients sitting in hospitals due to closing of nursing homes, lack of skilled nursing beds and home health, and lack of access to behavioral health services, to name a few. We hope that the final report will help direct resource allocation, policy, and programs for many sectors of healthcare.

Please provide the data requested in the survey as of the day that you are filling out the survey. The survey is meant to serve as a snapshot in time, so please answer the questions based upon the day that the survey is completed. If your hospital is part of a larger system, please submit a response for each hospital, as the data analysis will look at access issues from a geographic perspective. Additionally, please submit one response from each hospital, even if multiple people have different case management/ patient lists. **Note, section 4 will ask questions related to patients stuck in your emergency department. Completion may require input from multiple people in your organization.

If you have any questions about this survey tool, please contact Sally Weiss at sweiss@themha.org. Thank you for your participation.

1. Respondent Con	tact Information:
Name:	
Title/Role:	
E-mail:	
Phone Number:	
2. Hospital:	
3. Is your facility Yes No	y designated a Critical Access Hospital?

Section 1: Questions Related to Patients Awaiting Discharge to SNF, LTC, RCF, and Home Health.

1. Total number of	patients awaiting discharge to the following settings:
Skilled Nursing Facility (SNF):	
Long Term Care Hospital (LTC):	
Residential Care Facility (RCF):	
Home Health:	
2. Of the total patie	ents reported in Question 1, how many patients require 1 to 1 supervision?
Skilled Nursing Facility (SNF):	
Long Term Care Hospital (LTC):	
Residential Care Facility (RCF):	
Home Health:	
	ents reported in Question 1, how many patients are residents of other seeking to discharge them back to (aka, repatriating patients)?
_	seeking to discharge them back to (aka, repatriating patients):
Skilled Nursing Facility (SNF):	
Long Term Care Hospital (LTC):	
Residential Care Facility (RCF):	
Home Health:	
4. Of the total patidischarge for 7-13	ents reported in Question 1, how many patients have been awaiting days?
Skilled Nursing Facility (SNF):	
Long Term Care Hospital (LTC):	
Residential Care Facility (RCF):	
Home Health:	

5. Of the total pati	ients reported in Question 1, how many patients have been awaiting
discharge for 14-2	9 days?
Skilled Nursing Facility (SNF):	
Long Term Care Hospital (LTC):	
Residential Care Facility (RCF):	
Home Health:	
	ients reported in Question 1, how many patients have been awaiting e than 30 days but less than 6 months?
Skilled Nursing Facility (SNF):	
Long Term Care Hospital (LTC):	
Residential Care Facility (RCF):	
Home Health:	
7. Of the total pati	ients reported in Question 1, how many patients have been awaiting e than 6 months?
Skilled Nursing Facility (SNF):	
Long Term Care Hospital (LTC):	
Residential Care Facility (RCF):	
Home Health:	
8. Of the total patibeds in SNFs?	ients reported in Question 1, how many require short-term rehabilitation
-	ients reported in Question 1, how many require the additional PT/OT before arged to a SNF/LTC/RCF/Home Care?
10. Of the total pa SNFs?	tients reported in Question 1, how many require long-term care beds in

11. Of the total number of patients reported in Question 1, please provide the number awaiting discharge to SNF beds with geri-psych capabilities:
12. Of the total number of patients reported in Question 1, please provide the number of patients awaiting discharge who require SNF care and tracheostomy and percutaneous endoscopic gastrostomy (ie. "trached & peged"):
13. Of the total number of patients report in Question 1, please provide the number of patients awaiting discharge who require SNF care and long-term management of a vent.
14. Of the the total number of patients reported in Question 1, please provide the number of patients with bariatric concerns (>300lbs) awaiting discharge who require SNF care:
15. Of the total number of patients reported in Question 1, please provide the number of patients with dementia diagnoses awaiting discharge who require SNF care in a secure facility:
16. Of the total number of patients reported in Question 1, please provide the number of patients who are waiting for placement due to an inability to find an appropriate facility within their geographic area:
17. Of the total number of patients reported in Question 1, please provide the number awaiting discharge to facilities with Alcohol Use Disorder/Substance Use Disorder capabilities, which may include, but are not limited to, providing IV antibiotics and SUD/OUD treatment:
Skilled Nursing Facility (SNF):
Long Term Care Hospital (LTC):
Residential Care Facility (RCF):
Home Health:

18. Of the total number patients awaiting disc	-	-	-	
the facility's ability to	•			
Skilled Nursing Facility (SNF):				
Long Term Care Hospital (LTC):				
Residential Care Facility (RCF):				
Home Health:				
19. Of the number of patients			eported in Question	1, what is
* Confirmed COVID-19: Pat patients who were admitted diagnosis (i.e., admitted for to Patients Awaiting Dischar positive).	d with a primary COVID-19 a Maine Hospital Associat	diagnosis, as well as po ion Patient Throughput	atients with an incidento Survey Section 1: Ques	al COVID tions Related
20.001		l core	. 1: 0	4 1
20. Of the number of pathe total number of pathe		_		

21. We are interested in determining the primary challenges you experience in discharging patients from your acute care hospital to SNF and LTC/RCF. Please rank each of the factors below in order from most common reason for delays, with most common being 1 and least common being 16.		
≡		Denial of request for authorization from insurer
≡		Delayed response from insurer
≡		Inadequate post-acute network
≡		Insurer does not provide post-acute coverage
≡		COVID+ status
≡		COVID recovered status
≡		Unvaccinated status
≡		Staffing/capacity constraints at post-acute care facilities
≡		Need for specialized BH/SUD services
≡		Transportation unavailable
≣		Lack of facility within patients desired geographic area.
≣		Lack of access to necessary community services
≡		Lack of guardianship/conservatorship/healthcare proxy
≣		Lack of secondary insurance
≣		Waiting for LTC Maine Care (Medicaid) approval
≡		Patient has criminal history and/or is a registered sex offender

- 22. Of the total number of patients awaiting discharge to SNFs reported in Question 1, please provide the number of such patients for whom the payer is as listed below. (Note: the total should add up to the number of patients awaiting discharge to SNFs reported in Question 1.)
- 1. Medicare Non-Managed: Medicare Non-Managed populations only
- 2. Medicare Advantage: Medicare Advantage and Medicare Managed Care populations only
- 3. Medicaid : Includes all MaineCare beneficiaries
- 4. Medicaid Presumptive Eligibility: The Affordable Care Act (ACA) allows qualified hospitals to make presumptive eligibility determinations for immediate, time-limited Medicaid coverage using self- attested information from certain individuals who appear to be eligible for Medicaid coverage, but are unable to complete a full Medicaid application at that time.
- 5. Dual Eligible: Includes all populations eligible for both MaineCare and Medicare benefits
- 6. Commercial Insurer: Includes Commercial Managed and Non-Managed populations
- 7. Self-Pay: Includes populations who pay out-of-pocket
- 8. Other State: Includes HSN and Other Government populations (i.e., other state Medicaid programs)
- 9. Other: Workers Compensation and any other populations

Medicare Non-	
Managed	
Medicare Advantage	
MaineCare	
Medicaid Presumptive	'
Eligibility	
Liigibiiity	
Dual Eligible	
3	
Commercial Insurer	
Self-Pay	
Other State	
Other	

Section 2: Other Questions Pertaining to Discharge to Shelters, Hemodialysis & Transport Issues 1. Please provide the number of homeless or housing unstable inpatients awaiting discharge to shelters: 2. Of the number of patients reported in Section 2 Question 1 (homeless or housing unstable inpatients awaiting discharge to shelters), please provide the number of patients that have been awaiting discharge for more than 7 days: 3. Of the number of patients reported in Section 2 Question 1 (homeless or housing unstable inpatients awaiting discharge to shelters), how many patients have behavioral health issues or substance use disorder (SUD)? 4. Please provide the number of patients who are medically cleared for discharge (to any setting) who remain in your facility SOLELY due to lack of transportation (i.e., bed available, transportation unavailable): 5. For patients who are medically cleared for discharge but awaiting transportation, what is the maximum time that a patient at your facility has waited for transportation in the past two weeks? 6. Of the total number of patients awaiting discharge to any setting, please provide the number of patients unable to find a bed due to lack of reimbursement for outpatient hemodialysis transportation and/or lack of available dialysis treatment chair: 7. What, if any, current strategies or workarounds does your organization have relative to securing transportation?

(DHHS) with finding a placement for a patient, how helpful would you rate that assistance provided by DHHS? (scale of 1 - not helpful, to 5 - very helpful) Mostly Helpful -Assistance provided Not Helpful and Placement Very Helpful -Unresponsive to secured, but process Immediate assistance request/ no was slower than provided and placement found expected. placement found Comments: 9. Have you sought assistance from the LTC Ombudsman with finding a placement for a patient? If Yes, what was the outcome? Yes No () Unsure Comments: 10. Is there anything else you would like to share regarding the process of discharging patients to post-acute care settings?

8. If you have sought assistance from the Maine Department of Health & Human Services

Section 4: Questions pertaining to patients stuck in the Emergency Department (ED)

For many years, hospitals have shared that there are a growing number of patients stuck in the emergency department for prolonged periods of time. The following questions will attempt to quantify the number of patients stuck in each emergency department and some of the factors impacting placement to more appropriate care settings.

1. How many licen	sed ED beds are in your hospital?
2. How many of yo	ur licensed ED beds are staffed in your hospital?
3. How many patie	ents are currently in your ED?
4. Of those patient	s reported in question 3, how many are age 17 or younger?
5. Of those patient department for mo	s aged 17 or younger, how many have been boarding in your emergency ore than:
48 hours	
>48 hours but less than one week	
7 to 14 days	
15 to 30 days	
31 to 60 days	
61 to 120 days	
>3 months	
6. Of those reported healthcare staff?	ed in question 4, how many have displayed violent behaviors impacting
7. Have any sta	ff been injured or threatened, verbally or physically, by patients > 17 years of
age your emerg	ency department?
Yes	
O No	

8. If Yes, how many	y have been impacted in the past week?
=	s aged 17 or younger reported in Question 4, how many are experiencing s due to the following reasons?
Abandoned by Guardian:	
Ambulance/transport Unavailable:	
Availability of CCSU ped:	
Availability of Community Services:	
Availability of Inpatient Bed:	
Availability of PNMI / Residential Placement:	
Availability of Resource (Foster) Home Placement:	
OHHS Guardian Unable to Secure Alternate Placement:	
Guardian Does Not Wish for Youth to Return to Their Home:	
Guardian Unwilling to Accept Discharge Recommendation:	
	nts reported in question 4 (<17 years old), how many are awaiting in the following settings?
Inpatient bed for medical management	
Detox/SUD/OUD Tx acility	
inpatient psychiatric	
Behavioral Health Home/PNMI/IDD Facility	
Home	
Other	
11. Of those patien	nts report in question 3, how many are 18 and older?

department for mo	•	many have been boarding in your emergency
48 hours		
>48 hours but less than one week		
7 to 14 days		
15 to 30 days		
31 to 60 days		
61 to 120 days		
>3 months		
13. Of those patient following reasons? Availability of Community Services:	-	many experiencing extended ERs stays due to the
Availability of Medical Inpatient Bed in your hospital:		
Availability of Medical Inpatient Bed in another hospital:		
Availability of PNMI / Residential Placement:		
Lack of Transport to Move Patient:		
Availability of Inpatient Psychiatric Bed:		
Availability of Detox Bed:		
Availability of SNF bed:		
Lack of Guardianship		
Lack of Insurance		
Guardian/Family unwilling to accept discharge		
recommendation		
14. Of those report healthcare staff?	ted in question 11, how m	any have displayed violent behaviors impacting

-	our emergency department?
Yes	
O No	
16. If Yes, how man	ny have been impacted in the past week?
17. Of those patien	ts reported in question 11, how many are awaiting beds/placements in the
following settings?	
Inpatient bed for medical management (Interhospital)	
Inpatient bed for medical management (Intrahospital)	
Detox/SUD/OUD Tx facility	
Inpatient psychiatric	
LTC/SNF	
Behavioral Health Home/PNMI/IDD Facility	
Other	
18. What are the bi	ggest factors affecting boarding patients in your emergency department?
Factor 1:	
Factor 2:	
Factor 3:	